

Commonwealth of Kentucky Discrimination Complaint Form

1. Name: (Last) (First) (Middle Initial)			2. Telephone Number (H) () - (W) (C)	
Home Address: (Number & Street) (City) (Zip)			3. Preferred Number (H) () - (W) (C)	
4. Are you presently working for the State of Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which agency? Title:				
5. Check the appropriate area (s) of discrimination: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Race</div> <div><input type="checkbox"/> Sex</div> <div><input type="checkbox"/> Age (40+)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Color</div> <div><input type="checkbox"/> National Origin</div> <div><input type="checkbox"/> Veteran's Status</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Religion</div> <div><input type="checkbox"/> Disability</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Sexual Orientation</div> <div><input type="checkbox"/> Gender Identity</div> </div>				
5a. Discriminatory harassment: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Race</div> <div><input type="checkbox"/> Sex</div> <div><input type="checkbox"/> Age (40+)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Color</div> <div><input type="checkbox"/> National Origin</div> <div><input type="checkbox"/> Veteran's Status</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Religion</div> <div><input type="checkbox"/> Disability</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Sexual Orientation</div> <div><input type="checkbox"/> Gender Identity</div> </div>				
5b. <input type="checkbox"/> Retaliation (based on reporting and/or participating with an investigation of a discrimination complaint.)				
6. Race of the claimant: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Black/ African American</div> <div><input type="checkbox"/> Hispanic/ Latino</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> White</div> <div><input type="checkbox"/> American Indian or Alaskan Native</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Asian</div> <div><input type="checkbox"/> Other</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Native Hawaiian/ other Pacific Islander</div> </div>				
Sex of the claimant: <input type="checkbox"/> Male <input type="checkbox"/> Female				
7. Name the agency where the incident occurred: (Location)				
8. Name(s) and title(s) of person(s) involved: (Name) (Location)				
9. Have you filed this complaint with the Equal Employment Opportunity Commission (EEOC)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you filed this complaint with the Kentucky Commission on Human Rights? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Date of alleged discrimination:		11. State agency where you were employed at the time: (Title/ Classification)		
12. Explain how you believe you were discriminated against (treated differently from other employees or applicants) BECAUSE of your race, color, religion, sex, national origin, disability, age (40 years or more), sexual orientation, gender identity, or veteran's status. Attach additional sheets if needed.				
13. Date:		14. Claimant's signature:		

FOR OFFICIAL USE ONLY

Date received:	Staff Initials:	Date Closed:	Outcome:	Staff Initials:
----------------	-----------------	--------------	----------	-----------------

Please Fax this form to the Office of Diversity & Equality
(502) 564—0182